

FREE ONLY

PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) AIMI-01924USO	
In re Application of Lemkin			
Application Number 09/990,627		Filed 11/16/2001	
For Sense Interface System with Velocity Feed-Through Rejection			
Art Unit 2858		Examiner Teresinski, J.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$ _____

☒ Two months (37 CFR 1.17(a)(2)) \$ **430.00**

☐ Three months (37 CFR 1.17(a)(3)) \$ _____

☐ Four months (37 CFR 1.17(a)(4)) \$ _____

☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **501826**.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).

☒ attorney or agent of record. Registration Number **54,768**

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 4, 2004
Date

415-369-9660
Telephone Number

David E. Cromer
Signature

David E. Cromer
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

BEST AVAILABLE COPY

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 3/22 * RCVD AT 11/14/2004 4:58:50 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-1/1 * DNS:8729306 * CSID: * DURATION (mm:ss):06:14

11/08/2004 LSPRUELL 00000005 501826 09990627

01 FC:1252 430.00 DA

09990627

BEST AVAILABLE COPY

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

amdt filed 2-24-04

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total	48	Minus	49	= 2
Independent	6	Minus	6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total	48	Minus	48	= 0
Independent	6	Minus	6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) MINUS	(Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 4) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" in this space is less than 20, enter "20."
 * If the "Highest Number Previously Paid For" in this space is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TYPE ☐ OR SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	\$375.00	OR	BASIC FEE	\$400.00
XS 9=		OR	XS18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=	2	OR	XS18=	7
X42=	2	OR	X84=	7
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	